REPORT OF THE TASK FORCE ON ILLEGAL DRUG USE IN ONTARIO

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Ontario

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LEGISLATIVE ASSEMBLY

KEN BLACK, M.P.P.
Muskoka-Georgian Bay

October 14, 1988

Dear Premier:

As per your request of August 16, 1988, I am pleased to present the report of the Task Force studying illegal drug use in Ontario.

Yours Sincerely,

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EXECUTIVE SUMMARY

The use of illegal drugs in Ontario is a serious problem.

There are several indicators that the problem of illegal drug use in Ontario is escalating in size and scope.

Reduction in the use of illegal drugs must focus on two dimensions - supply and demand.

Just as we cannot isolate illegal drug use from the larger problem of substance abuse, we cannot deal with substance abuse in isolation from the many other social and health problems with which it is linked.

The Addiction Research Foundation (ARF) publishes results of biannual surveys of drug use by adolescents in our schools from grades 7 through 13, and by adults in households across the province.

ARF statistics for 1987 show that 22% of Ontario students, ages 11 to 19, reported using illicit drugs.

Among adults in 1987, 9% reported annual use of cannabis, down slightly from the reported figure in 1985

Lifetime cocaine use in 1987 was reported by 6% of adults.

ARF calculates that for 1986/87, the economic price to Ontario of illegal drug use was $1.9 billion.

The total economic loss to the province in 1986/87 resulting from drug addiction and abuse is estimated to be in excess of $9 billion.

The Task Force found that activities and programs aimed at reducing, preventing or coping with illegal drug use are being offered in, by, and for many sectors of the community. However, there is no central co-ordination or planning to the overall program delivery.

ARF advises that there are 204 alcohol and drug addiction treatment programs, an increase of 18 from 1986 and 37 from 1983. The total cost for all these addiction programs is approximately $60 million.

The response of the public to the phenomenon of illegal drug use is, predictably, one of concern.

Concern over hard drugs, that is, cocaine and heroin, ranked second overall, among 82% of the people

polled, just behind concern over drinking and driving.

Reducing the demand for illegal drugs has several facets.

It is vital to understand that education programs must not only increase knowledge, but must change attitudes and encourage positive behaviours.

The preferred approach will provide young people with the knowledge, skills, attitudes, and values they need to cope, not only with substance abuse but with other issues which impact on healthy living. It will meet the needs of our young people in the most cost-effective and time-efficient manner possible.

One of the key elements in effective prevention is the provision of appropriate intervention and counselling programs to assist young people who are particularly susceptible or who may be in the early stages of drug use.

We need to involve the total community in programs of prevention.

At the same time, we must not diminish our efforts to curtail the supply of illegal drugs.

The overall aim of a control strategy must be fully

compatible with all aspects of the prevention strategy.

We saw a predominant belief that the most effective approach to drug enforcement was through the combination of temporary joint forces operations and more permanent joint forces.

Increasingly, the individual in need of assistance is relatively young - early teens to late 30s.

Successful treatment and rehabilitation should be based on the physical and psychological needs of the individual.

It should also be recognized that the drug problem is very often symptomatic of a larger, family problem.

As a result of the variations in background, circumstances, ages and needs of those requiring treatment, there is no one "right" program.

The need in Ontario, then is for a wide range of comprehensive intervention, counselling, and treatment programs available to all residents of this province regardless of their age or their geographical location within the province.

Finally, there is a great need for the development and implementation of program evaluation throughout the

intervention and treatment field.

Employee Assistance Programs have, in the view of the Task Force, a great potential in the fight against illegal drug use.

Wherever possible, new programs and services should be implemented through existing agencies to minimize administrative costs.

It is the view of the Task Force that there exists some very real needs and gaps in service because of a lack of a co-ordinated and focused approach. The provincial government must play the lead role in ensuring co-ordination and focus.

Indifference to the problem is not acceptable. We are not so helpless or unimaginative that we cannot devise appropriate solutions. And now is the time to act.

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I. INTRODUCTION AND OVERVIEW

The use of illegal drugs in Ontario is a serious problem.

That use damages the health and well-being of countless numbers of people. It aggravates the criminality in our society. It destroys countless family and marital relationships. It hurts productivity in business and industry. And, most important of all, the use of illicit drugs threatens the potential of thousands of young people, and seriously handicaps their chances of becoming happy, participating and contributing members of society. The end result is wasted human potential, severe strains on health care and law enforcement budgets, reduced economic growth, and a threat to the safe and secure communities which we value so highly.

There are several indicators that the problem of illegal drug use in Ontario is escalating in size and scope. Based on reports from law enforcement agencies and addiction workers the use of cannabis, (marijuana, hashish and hash oil), heroin, and hallucinogens may not be increasing significantly, but the availability of cocaine and 'crack' has risen dramatically! Not only has the availability increased, but its purity level has also increased while both the wholesale and street price have dropped.

Another reason for concern is the transition from a

largely experimental use of drugs by a minority of young people in the 60's and 70's, to a more wide-spread use by a broader segment of society today. No longer is illegal drug use the exclusive territory of those on the fringe of society. Increasingly, it can be found among professional and business people. While the young may "smoke-up" in the streets, and the street people "shoot-up" in the alleys, an increasing number of the wealthy and the influential are using cocaine in their living rooms. Substance abuse is no respecter of age, sex, racial background, occupation, or income level.

Closely linked to the increase in the availability of cocaine and other illegal drugs is the escalation of related crime and violence in Ontario's communities. As the number and volume of illegal drug seizures have risen dramatically in recent months, so has the incidence of drug-related thefts, assaults, and murders, according to police statistics. Although our streets continue to be safer than in many jurisdictions, there is real cause for concern.

Several premises underly this report and its recommendations.

The specific focus of the report is the use of illegal drugs. However, any meaningful study of that problem must be considered in the wider context of substance abuse. We live in a culture that is far too chemically dependent. Athletes use anabolic steroids to enhance performance. Over-use of prescription drugs is common. We continue the excessive use of alcohol and,

despite the fact that it is an illegal drug for those under the age of 19, its use among young children and teen-agers is reported to be escalating! Diet pills and tranquilizers are part of some daily diets. All these are evidence of a reliance on substances to make us perform, sleep, wake-up, relax, lose weight or just simply feel good. The distaste for any kind of discomfort and the desire for instant gratification have become traits of the 1980's.

There is also clear evidence that alcohol and tobacco use are not only linked to the use of illegal drugs, but that they, along with cannabis, are in fact "gateway" drugs to the use of other substances. Alcohol was consistently identified as the drug of greatest addiction consequences by police officers and treatment counsellors. For the purposes of this report, alcoholism was not specifically studied. Nor was the abuse of legal drugs. They are elements of a larger "addictions" piece which must be dealt with as such. Due to the circumstances of the creation of the Task Force and the mandate it was given, the focus of this report is on the use of illegal drugs.

Reduction in the use of illegal drugs must focus on two dimensions - supply and demand. Attention to either alone is unlikely to prove successful. Such simplistic solutions as more police officers and harsher sentences, by themselves, are not enough. We do need to ensure that law enforcement has the resources to contain and control the highly sophisticated and profitable international

drug trade. We do need to ensure that our laws provide sufficient deterrents to keep our streets safe. But we must also recognize that Ontario has thousands of miles of uninhabited and undefended border with a neighbour experiencing mammoth drug problems. In addition, the cultivation of drugs through factory farming, which utilizes climate control, artificial light, fertilizers, and hydroponic growing techniques occurs within our borders. As well, LSD and other hallucinogens are being produced in Ontario by underground chemists. As long as there are immense profits in the sale of illegal substances, organized crime will find a way to make them available. Reduction in the illicit drug trade will occur only when we reduce the demand!

Just as we cannot isolate illegal drug use from the larger problem of substance abuse, we cannot deal with substance abuse in isolation from the many other social and health problems with which it is linked. Social workers, health care professionals, and law enforcement officers confirm the close links between substance abuse and a wide range of other problems including sexual abuse, family violence, marital breakdown, and prostitution. Reduction in the demand for illegal drugs is best achieved by comprehensive approaches which provide individuals with the knowledge, skills, and values necessary to make wise decisions related to healthy living generally, including a lifestyle free of chemical dependency. For young children and adolescents, a warm and secure family environment and parents who

provide understanding, support and supervision are important. Attendance at parties unsupervised by parents, where alcohol and drugs are readily available, has become a feature of the social life of many teen-agers. The freedom which allows children in the pre-teen years to "hang out" at video arcades and shopping plazas makes them an easy target for the drug pusher. Law enforcement and education can and must support parents in carrying out their responsibilities. However, the family continues to be the most important unit for the transmission of values and attitudes. Parents must play a larger role in combatting the impact of strong peer pressure and other outside influences on young people to use drugs and alcohol.

This report is action-oriented. It brings forward a number of recommendations which, in the view of the Task Force, are necessary steps if we are to effectively deal with the insidious, increasingly pervasive, and clearly destructive behaviour of illegal drug use.

On August 16th, the Premier asked that I undertake this review on his behalf. I have been assisted by excellent researchers and support staff.

Since that time the Task Force travelled throughout the province. It met with a wide range of individuals, groups and agencies. Our aim was to meet and discuss with as representative, concerned and expert a body of people as possible in the time frame allotted. It was quickly apparent, and subsequently confirmed over and over again, that there are thousands of good, humane

people in all parts of this province, working with dedicated heart, to treat and ultimately prevent the use of illegal drugs. They include police officers, counsellors, educators, social and health care workers, former addicts, and volunteers.

The power and force of that collective goodness convinces me that the problem of illegal drug use can be overcome. It is important that we face that challenge in a positive, optimistic manner. Although the problem is a significant one, the solutions to that problem are within our grasp.

The co-operation I have received during the study has been outstanding. Almost without exception, my requests for meetings and consultations have been met, often on short notice and frequently at inconvenient times. The list of those to whom I am indebted for their input and perceptions is included in the appendices.

This report briefly examines the scope of the problem and the current response to it, makes recommendations in the area of education and prevention, law enforcement, and intervention and treatment, and concludes with some general recommendations.

The tragic death of Benji Hayward and the bravery and honesty of his family , both during the subsequent inquest and since its conclusion, have undoubtedly been the catalysts which stimulated both this study and the high level of public concern which currently exists. In acknowledging the contribution of the Hayward family, it is my hope that this study will lead to a marked

reduction in the wasting of other precious young lives and in the grief and anguish which are the result.

II. A. SCOPE OF THE PROBLEM

Any attempt to articulate the precise extent of drug use in Ontario is bound to be inexact. The nature of the activity is simply too shadowy. Users and suppliers do not readily step out in the open. However, such research does exist.

The Addiction Research Foundation (ARF) publishes results of biannual surveys of drug use by adolescents in our schools from grades 7 through 13, and by adults in households across the province. Because their surveys rely upon voluntary self-reporting by the persons surveyed, ARF readily concedes that the figures are likely to be an underestimation of the problem. Nevertheless, the numbers do provide a general view of the minimum level of use and an indication of trends. Drug use refers to persons who reported using a specified drug at least once within the previous twelve months.

ARF statistics for 1987 show that 22% of Ontario students, ages 11 to 19, reported using illicit drugs.

The use of cannabis was reported by 15.9% of the students surveyed. The use of cocaine was reported by 3.8%; 5.9% had experimented with LSD; 1.4% with heroin.

The use of alcohol was reported by almost 70% of the student population, down slightly from 1985. The use of tobacco was reported by approximately 25%, the same as in 1985.

Among adults in 1987, 9% reported annual use of cannabis, down slightly from the reported figure in 1985. In the age grouping 18 to 29 years, cannabis usage was reported at 20%, a trend steadily downward since 1984. In the 30 to 49 age category, 10% report use of the drug, a trend steadily upward since 1984.

Lifetime cocaine use in 1987 was reported by 6% of adults. For the age group 18 to 29, usage was reported at 13% increasing annually from 7% in 1984. For the age group 30 to 49, usage has remained between 3 and 4% since 1984.

A more recent study by Dr. Alan King of Queen's University looked at drug use in Ontario youth during the 1987-88 school year. It indicates that 21% of Grade 11 students had used cannabis one or more times, compared to 30% of college and university students, and 76% of "street" youth. Cocaine use was reported by 5% of college and university students and 43% of street youth. 6% of Grade 11 students surveyed in Ontario report using drugs other than cannabis.

Drug use exacts a terrible burden of personal human suffering and misery. It also exacts a terrible economic burden. ARF calculates that for 1986/87, the economic price to Ontario of illegal drug use was $1.9 billion. Excess health care costs amounted to $1.1 billion; excess law enforcement costs amounted to $.26 billion; and the value of reduced labour productivity totalled $.47 billion. In addition, it is estimated by law enforcement agencies that approximately $4 billion left the province last year in payments for illegal drugs.

The total economic loss to the province in 1986/87 resulting from drug addiction and abuse is estimated to be in excess of $9 billion. The cost of alcohol-related problems was in excess of $5 billion. Problems associated with high level use of legal drugs amounted to $2.8 billion.

And yet, despite the enormity of these calculations, the Task Force is of the opinion that the extent of drug use reported in the biannual surveys by A.R.F. is an under-representation of the situation at hand.

We have formed our opinion from the accounts and the information conveyed to us by the numerous individuals with whom we met around the province. It is based upon data from the OPP and the RCMP which chronicles upwardly spiralling statistics for drug-related crime and drug-

related homicide. The Task Force was informed that approximately 70% of all crimes against property have a basis in drug use.

It is based upon the testimony of a full-time member of the Ontario Parole Board, who, having participated in more than 10,000 parole hearings told us that "coke really scares me when I see these young guys get hooked in a relatively short period and then turn to trafficking to support the hook." Approximately 35% of the cases that come before the Board are drug users.

It is based upon the pitiful autobiographical accounts of the young people in Windsor, in Elora, and in Guelph, who told of their addictions and of the easy access to drugs in their neighbourhoods.

It is based upon the observations of educators, of physicians, of housing project managers, of counsellors, of workers, of parents, and of young people.

These were not mere anecdotes from distant observers. They were the personal testimonies of personal involvement.

The Task Force does not wish to overstate the gravity of the situation. But in our view, Ontario has a serious problem. Setting aside for the moment concerns with alcohol, tobacco, opioids, hallucinogens, glue and

other solvents, cocaine is probably available in most communities. Because of enforcement policies adopted against drug abuse in the United States, Ontario is increasingly becoming a transit route for drugs flowing into the USA. We are presently seeing the inevitable spillover within our borders of that flow.

II. B. SCOPE OF THE RESPONSE

The Task Force found that activities and programs aimed at reducing, preventing or coping with illegal drug use are being offered in, by, and for many sectors of the community. However, there is no central co-ordination or planning to the overall program delivery. Many people are doing things, they're simply not being done together. Efforts are being made, but the focus of these efforts is essentially diffused. At present, the delivery of services to the drug-using needy is best described as a patchwork. It is the hope of the Task Force that its work will help convert this patchwork to a network.

ARF advises that there are 204 alcohol and drug addiction treatment programs. This is an increase of 18 from 1986 and 37 from 1983. The total cost for all these specialized addiction programs is approximately $60 million.

The treatment continuum encompasses generally six

different categories of care: detoxification, assessment/referral, outpatient, daily treatment, short-term residential (less than 28 days), and long term residential. The various categories of care however, are not uniformly available across the province.

Using the 35 provincial health care systems, whose boundaries approximate those of the of the district health councils, the following distributions apply: (a) 49% of the areas have at least one detoxification treatment program; (b) 77% have at least one assessment/referral component; (c) 57% have at least one outpatient component; (d) 34% have at least one day treatment facility; (e) 60% have at least one short-term residential facility; and (f) 71% have at least one long-term residential capability. Even though every treatment area may not need to contain all the categories within its boundaries, it is a striking observation that none of the treatment categories is available in all of the treatment areas.

This, in part, may explain why 918 Ontarians were treated last year outside the province, primarily in the United States, for drug-related medical conditions. The cost to OHIP was $4,131,000.

The response of the public to the phenomenon of illegal drug use is, predictably, one of concern. In

February of 1987, the ARF commissioned a study of public attitudes to alcoholism and drug addiction. It is the most contemporary study of public perceptions in Ontario, although it was conducted prior to Benji Hayward's death.

Concern over hard drugs, that is, cocaine and heroin ranked second overall among 82% of the people polled, just behind concern over drinking and driving. 60% of the people polled felt that the provincial government should spend more money on drug abuse matters. Approximately 75% of the respondents were of the view that they needed more information about drug abuse.

These attitudes are being translated into wide-ranging individual actions within the community. In the organized workplaces of the province, the Task Force has observed the growth of Employee Assistance Programs. In Windsor, we witnessed the meaningful work of the CAW - Ford Employee Support Program. In Toronto, we were told of the work of the USWA - management "Operation Lifeline", of the OPSEU employee assistance programs, and of others. No such assistance programs however, of which the Task Force was made aware, are being carried out in the small business worksites.

In our schools, drug abuse education will be a mandatory component of the curriculum commencing in September 1989. To date, however, only a limited number

of school boards have a required drug education program.

In our community, cultural, and recreation centres, there have been no organized, institutional responses to the need for drug education. Drug awareness is not part of standard community programming. Where it exists, it does so on an ad hoc basis through the motivation and with the advice and counsel of committed, expert individuals.

The current response can be characterized as a collection of unconnected programs and inadequate planning.

It need not be thus.

III. PREVENTION

A. REDUCING DEMAND

Reducing the demand for illegal drugs has several facets. It involves decision-making by knowledgeable individuals whose self-esteem, confidence, and sense of values are firmly in place. It involves parents and family who provide warm, secure, and supportive relationships. It involves a concerned community that supports comprehensive approaches to ensure high levels of parent education and public awareness. And it involves

schools that must play a key role in educating our youth in relation to illegal drugs.

Before considering recommendations related to education programs, it is useful to examine approaches which have been tried previously. Initial approaches tended to focus on fear, and placed overdue emphasis on consequences. They were neither credible nor effective. Later, informational approaches were tried, in the belief that if people knew about the effects and classes of drugs, understood their production, and were able to recognize them, use would decrease. Such approaches had little impact on behaviour and, in some cases, led to even greater experimentation by those exposed to the program.

It is vital to understand that education and prevention programs must not only increase knowledge, but must change attitudes and encourage positive behaviours. Drug education programs which focus on resistance skills training and social skills training have proven to be effective. Such programs provide appropriate knowledge, but also focus on the skills of communication, decision-making, and values clarification. They deal with consequences that are important to the target group.

They use techniques such as active participation, socratic approaches, and the involvement of peer leaders who are positive role models and provide positive peer pressure to offset the undesirable influences in the

lives of young people. A major advantage of this method is that the skills learned can be applied to a wide array of common life problems. They do, however, require teachers who are carefully selected and trained. Programs are most effective when they are on-going and sustained over several years with age-specific modifications as appropriate, and receive a realistic time allotment in the curriculum. Several studies indicate 30 - 35 hours may be required.

There are other reasons to support such approaches. The curriculum in our schools is already over-crowded. Too often education has been asked by society to apply "band-aid" approaches to solve social or health problems. Too often, schools have failed to meet the need because of a lack of resources, insufficient time in the curriculum, and inadequate teacher training. The preferred approach will provide young people with the knowledge, skills, attitudes, and values they need to cope not only with substance abuse but with other issues which impact on healthy living. It will meet the needs of our young people in the most cost-effective and time-efficient manner possible. Some of the components of such a program are already addressed in some school programs.

A move to this comprehensive approach will not require great quantities of additional time. In fact, it will allow a more effective use of time. Most important, it can provide the foundation for the development of healthy life-style practices which can strengthen the

individual's physical and mental health and eventually lead to reduced health care costs. Comprehensive school health approaches are consistent with recent trends and developments in other provinces. With this goal in mind, it is recommended:

I. **That the Ministry of Education review the recently-announced mandatory health education program to be implemented in Grades Kindergarten - Grade 10 by September 1, 1989, to ensure that such programs provide a comprehensive approach which focuses on the development of healthy life-style practices.**

During my study, I have heard consistent reports of alcohol, tobacco and drug use beginning as early as 9 and 10 years of age. The use of very young children as "runners" and "spotters" by drug traffickers is not uncommon. As a result, I urge:

II. **That age-appropriate drug education be an essential component of health education courses beginning in the primary division.**

The successful development and implementation of such healthy living education programs, with their drug education component, will require a teaching staff that is knowledgeable and prepared for the task. For those teaching such programs, an in-depth training program will be essential. Since teacher preparation is a joint

responsibility of the Ministry of Education and various Faculties of Education in our universities, I recommend

III. That the Ministry of Education seek the co-operation of Faculties of Education in developing and implementing additional qualification courses in Healthy Living Education with a significant drug education component, and that such courses be offered throughout the province beginning in July, 1989.

Although the implementation of the above recommendations would be an important first step in education and prevention, a serious gap which occurs in the secondary school must be addressed. Presently, only one credit in Physical and Health Education is compulsory. Just at a time when adolescents are entering another high-risk period of their lives, no formal drug education programs are mandatory. A majority of students do not take Health Education past Grade 9. There are several possible alternatives to be considered. One is to encourage the integration of units on drug education into subjects such as English, Science, and Family Living. Another approach would be additional compulsory credits in Physical and Health Education. The use of a wide range of special presentations, speakers and seminars related to drug education is a third. Consistent with the concept of promoting healthy living would be a compulsory full-credit Health Education course which could address a number of issues such as drug education, human sexuality, nutrition, exercise, and mental health. Each of these options has some merit and

each will pose some difficulties. What is important is that the problem be addressed. As a result, it is recommended:

IV. **That the Ministry of Education in consultation with school boards, teacher federations and other interested agencies, review possible options which would provide for continuing effective drug education to be implemented in all Ontario secondary schools no later than September, 1990.**

One of the key elements in effective prevention is the provision of appropriate intervention and counselling programs to assist young people who are particularly susceptible or who may be in the early stages of drug use. This requires teachers who are familiar with the causes and symptoms of drug use, and an intervention program which refers each student to counsellors and services within the community. One approach which has been used in some school jurisdictions is the development of Student Assistance Programs . They feature a small group of particularly caring and sensitive teachers to whom students can be referred for initial counselling and appropriate referral. Although there has not been sufficient time for the Task Force to examine such programs in detail, the model does hold promise and is worthy of further study.

A third key element in effective prevention programs in schools is a firm, fair, and consistent discipline

policy which aims for a drug free environment. Such a policy should identify logical consequences for unacceptable behaviours which are clearly understood by both the students and the parents. They should provide for the involvement of parents in each and every incident of illegal drug use. They should be developed in co-operation with law enforcement agencies to ensure procedures and practices that are appropriate and workable.

It is therefore recommended:

V. That the Minister of Education require all Boards of Education in Ontario to develop and implement comprehensive drug education policies and programs dealing with core curriculum, intervention and counselling, and school discipline no later than September, 1991.

The proposed changes related to education constitute a major innovation. Successful innovation requires planning, resources, in-service training, implementation strategies, and on-going evaluation. When such elements are present, innovations in education can be successful, as was evident in the implementation of programs and services for exceptional students in recent years. The development and implementation of effective drug education programs is vitally important to young people and to society as a whole. It must be done as quickly as

possible, but it must be done well. It is therefore recommended:

VI. **That the Ministry of Education provide boards of education with appropriate financial support to assist with program development and in-service training related to the development and implementation of comprehensive drug education programs over the next three years.**

Effective education and prevention requires a warm and secure school climate which is drug free. The establishment of such an environment is not easy. It requires firm and fair discipline applied in a consistent manner. It requires caring and sensitive teachers who are actively involved with students both in the classroom and in extra-curricular activities. It requires students who are involved in school life, and who view the school as a worthwhile place to be. And it requires the active and positive support of parents and the community at large. When those conditions exist, schools can be vibrant and stimulating places to learn and to work, where problems such as drug use can be solved. But education and prevention cannot be limited to the school setting.

Although the "trenches" of our efforts must be in the school, we must recognize that not all drug users can be found there. In fact, many are on the streets,

attending colleges and universities, or are part of the work force. In addition, there is evidence to indicate that when the efforts of the school are supported and enhanced by a wide range of sectors in a community, the chances of success are significantly better. We need to involve the total community in programs of prevention. The media, the corporate and business sector, organized labour, the church, service clubs, sports organizations, social and health care agencies, law enforcement, educators and parents, all have a role to play. In a very real sense we are all part of the problem, and we must all be part of the solution.

Public awareness programs generally, must be given high priority. Innovative approaches which take the message to every part of our community must be used. The goal should be to reduce illicit drug use and to integrate non-use into a variety of healthy lifestyle practices. It is vital that such programs reflect the communities they serve. They should meet local needs, utilize available local resources, identify priority target groups, and reflect the values of the community. It is recommended:

VII. That the Ministry of Health through District Health Councils in co-operation with Social Planning Councils, and Addiction Research Foundation staff, where available, initiate the formation of broadly-based Community Action Groups to plan and implement programs of

parent education and public awareness related to the integration of the non-use of illicit drugs into healthy lifestyle practices.

There are two final comments related to prevention. The first is that the use of positive role models for young people can have a significant impact on the decisions they make. Indeed, the use of entertainers and athletes to speak out on behalf of a drug-free lifestyle can be effective when used with appropriate age groups. The Task Force is encouraged by recent programs featuring National Hockey League stars, high profile models, and Junior A hockey players. An offer of participation and support from the Toronto Blue Jays organization provides another avenue for support.

Related to that is the need to have drug-free sport and recreation programs in which young people may participate. The Task Force believes these two areas to be especially important. Through these avenues, commmitted sport and recreation volunteers are provided with new and dynamic ways in which to influence a great number of youth in a positive manner. As well, those involved in sport must recognize that their obligations to the athlete and the recreational participant should not be limited to the playing field, but must also extend to moral and ethical issues. It is our hope that the sport and recreational systems can produce a counter peer pressure to that which young people face in their school

and social settings.

An organization such as the Ontario Federation of School Athletic Associations (OFSAA) which incorporates 230,000 students and 17,500 teacher-coaches, should be encouraged to act as a promoter and marketer of a 'sports as an alternative' program. Currently, OFSAA acts as the fourth largest participation movement in North America, and we should not under-estimate the significance of reaching so many young adults in this positive forum. At the post-secondary level, the Canadian Interuniversity Athletic Union (CIAU) has taken a leadership role in the area of drug education. Starting in September of 1988, all universities will be required to launch drug awareness educational programs for their varsity athletes. We commend such positive involvement and participation.

The combined efforts of many can assist in finding an open channel into the minds and hearts of youth and adults alike.

B. REDUCING SUPPLY

As I stated earlier, the heart of the answer to the problem of illegal drug use lies in reducing demand. This can only be achieved through a comprehensive, multi-faceted, interdependent network of prevention programs in

all sectors of the community.

But at the same time, we must not diminish our efforts to curtail the supply of illegal drugs. After all, increased availability of drugs will merely result in their increased use. Therefore it is incumbent upon law enforcement agencies to continue stringent controls over the availability of illicit drugs.

The overall aim of a control strategy must be fully compatible with all aspects of the prevention strategy. There is no "quick-fix" short term solution in controlling supply. We must not delude ourselves that there is, or that there can be.

The Task Force held meetings with police forces and other law enforcement agencies across the province, in Quebec and in the United States. We met senior command personnel as well as street enforcement officers. We discussed their experiences and heard their recommendations. Ontario was described to us as a producer, transit corridor and customer. It quickly became clear that drugs move through communities without regard to municipal, provincial or federal boundaries.

No single police force or law enforcement agency can successfully deal with the problem. The province is too large; the jurisdictions are too many; and the mobility of money, men and material, too instantaneous.

We encountered an encouraging spirit of co-operation among federal, provincial, metropolitan, regional and municipal police forces. We saw a predominant belief that the most effective approach to drug enforcement was through the combination of temporary joint forces operations (JFO) and more permanent joint task forces. Because such joint measures call upon various agencies to share manpower, expertise and equipment, they prove to best meet the concerns and needs of municipal police, particularly the smaller forces.

The Ministry of the Solicitor General has traditionally supported, through special funding, the establishment of joint forces operations and task forces in exceptional, multi-jurisdictional criminal investigations. The control of the supply of illicit drugs constitutes an exceptional circumstance of multi-jurisdictional, significance. I therefore recommend:

VIII. **That the Ministry of the Solicitor General encourage and support the use of joint forces operations and task forces in its efforts to reduce the supply of illicit drugs in Ontario including, where necessary, the acquisition of specialized equipment and unique enforcement facilities, and additional special funding.**

As part of its work, the Task Force studied the New

York State Police and the Surete du Quebec. We found that both of these forces assign a substantially greater percentage of their respective complement to drug law enforcement than does the Ontario Provincial Police. New York State Police commit 8.5% of their staff to drug law enforcement.

The Surete du Quebec have assigned 5.7% of their force to drug law enforcement.

The OPP assigns .8% of its force to drug law enforcement.

We realize that there are differences between our respective jurisdictions which necessarily dictate different deployment strategies. We do not point out other jurisdictional priorities for the sake of defining our own. However, in view of the fact that the traffic of drugs flows across our common borders, these comparisons cannot be dismissed as simply irrelevant to the formulation of Ontario's law enforcement priorities.

The Ontario Provincial Police Drug Enforcement Section has remained constant since 1973. Yet, between 1983 and 1987 the case load has doubled. I recommend:

IX. **That additional funding be provided to the OPP to increase the complement of the Drug Enforcement Section by 32 members and 4 support staff. To**

effectively utilize the additional complement the Drug Enforcement Section will also require funding for direct operational expenses.

To better cope with the rapid rate of technological advancements in the fields of surveillance and information management, and with the fact that the drug trafficking industry is international in scope, the OPP should be able to utilize the special technological and scientific skills of a highly trained multi-cultural and multi-racial population in Ontario. I further recommend therefore:

X. That the OPP review the feasibility of funding to increase their civilian complement with employees who have special skills in language and technological background to further support the drug enforcement section.

Any supply control strategy is doomed to failure if the court system is not properly functioning.
The Task Force has been informed that there are significant backlogs in some provincial criminal courts. It is crucial, therefore, that maximum use be made of existing court resources, and that those resources, including physical facilities and personnel, be augmented where necessary to ensure that cases are processed in a

reasonable period of time. I recommend:

XI. That the committee of officials in the Ministry of the Attorney General presently examining the issue of the delays in the criminal courts be given sufficient resources to quickly and thoroughly study the management of caseflow, and the adequacy of current facilities in accordance with the findings of the Zuber Report on improved delivery of criminal court services.

Criminal Code offences are prosecuted by provincial Crown Attorneys. Narcotic and drug offences are prosecuted by federal Crown Attorneys, many of whom are hired per diem which may lead to inconsistent quality of service. Moreover, per diem prosecutors are less likely to be consulted by police prior to the prosecution. With this in mind, I recommend:

XII. That federal and provincial justice officials pursue discussions with a view to achieving an agreement enabling Ontario Crown Attorneys to assume prosecution of offences under the Food and Drugs Act and the Narcotic Control Act.

I recommend further that the use of part-time or per diem prosecutors be eliminated wherever possible, particularly in relation to serious Narcotic Control Act and Food And Drugs Act prosecutions.

An effective weapon in the control strategy arsenal is the authority to seize and recover the proceeds of enterprise crime. The experience in the United States corroborates this. The Government of Canada recently passed such legislation, but its implementation has not become widespread. This is due to the lack of clarity regarding federal-provincial jurisdictions and to the possibility of liability on the part of the Attorney General for inadvertent errors in pursuing the goals of the law. I recommend:

XIII. **That federal and provincial justice officials pursue discussions aimed at removing any impediments to the effective implementation of seizure-of-proceeds legislation.**

Much of the criminal drug activity involving young people is instigated by adults. Yet, since the abolition of the Juvenile Delinquents Act, which included an offence of "contributing to the delinquency of a juvenile", there is no adequate legislative provision by which to discourage or punish exploitative, pernicious adults who recruit children for their sinister purposes. I strongly urge:

XIV. **That federal and provincial justice officials pursue an amendment to the Criminal Code to create a specific offence of counselling, aiding, or abetting a**

youth to commit any offence under the Narcotic Control Act, Food and Drugs Act, Criminal Code, or certain provincial regulatory statutes. Such an offence should carry a greater penalty than a similar offence committed by an adult in relation to another adult.

It is the view of the Task Force that the protection of privacy provisions in the Young Offenders Act are too restrictive and may occasionally operate against the best interests of the youth. For example, these restrictive provisions may prevent a police officer from discussing the youngster's drug involvement with other influential and interested parties, such as teachers and principals. I therefore recommend:

XV. That the Attorney General discuss with his federal counterpart, the possible amendment of the privacy provisions of the Young Offenders Act to permit discussions of a young offender's case with persons directly involved in his or her education, support or treatment.

One of the challenges of the upcoming decade is to find new, creative ways for the criminal justice system to deal with the drug offender, youth and adult.

Our correctional institutions should themselves be places which are free of illegal drugs. Yet, we have heard reports that this is not the case - that illegal

drugs are indeed available in our jails. It seems cruelly ironic that offenders who have in their background a history of illicit drug use, or who have been convicted for crimes relating to illicit drug use, are locked up in environments where they can obtain illegal drugs.

At present there is an inadequate drug treatment or preventative component in the penal system. This makes no sense. In the past few years we have devised treatment or prevention programs for the drinking and driving offender. Similar approaches - firm, flexible and fair - must be taken with the drug offender. It is recommended:

XVI. Where there has been evidence of illicit drug use at the trial and conviction of an inmate, incarceration should include drug education and treatment within an environment free of illegal drugs.

Any involvement by a young offender with the court process should become an opportunity to assess and to educate that person in relation to drug use. The "Alternative Measures" programs available for young offenders under the Criminal Code are not available in relation to drug offences. I strongly urge:

XVII. That steps be taken to achieve appropriate legislative changes enabling a court to impose "Alternative Measures" upon a young person found to have been involved with drugs.

Flexibility and sentencing relevance for the courts must be based upon reliable, accurate, updated research and information and the vehicle by which such information can be brought to the attention of the judge and counsel. To this end, a central drug and crime data bank should be made available to the court. I recommend therefore:

XVIII. That research information concerning criminal activity and drug abuse be consolidated by the Ministry of the Solicitor General in a manner and at a place that permits ready and quick presentation to the Court.

The Coroner's jury made certain observations regarding security at high drug availability situations such as rock concerts.

The point must be made that not all persons who attend rock concerts are drug users, let alone drug addicts. Nevertheless, extra precautions for controlling supply and crowd behaviour at such events are warranted.

I have reviewed the recommendations of the Coroner's jury in this regard and I recommend:

XIX. That the Solicitor General introduce an amendment to the Private Investigators and Security Guards Act requiring part-time security guards employed to provide security at large public gatherings be licensed under that Act and properly instructed in the law by the employing agency or individual.

I further recommend that a multi-disciplinary crisis intervention team be in attendance, at the expense of the concert promoter, at all rock concerts or similar large public gatherings to assist in situations of medical or other emergency.

The final component of a supply control strategy must pay heed to the fact that drug traffickers prey upon the vulnerable, the exploitable, and the weak. The drug transaction affects many more people than the temerous two executing the dirty deal. It strikes at the single parent whose child is lured into the dark. It strikes the frail elderly who fear for their lives. It strikes innocent, ordinary children who lose their streets and playgrounds to bullies and thugs. We are morally obliged to protect them - for the sake of their sheer physical protection, and for the sake of our own integrity. I strongly advocate:

XX. That adequate resources be made available to police forces to provide special protection as required in our schools and schoolyards, in our recreational centres, and in our public housing projects.

IV. TREATMENT AND INTERVENTION

In any discussion of intervention and treatment programs, it is essential to begin with an image or profile of the clientele. Visits by the Task Force to a wide range of treatment facilities across the province, and conversations with patients, counsellors and social and health care workers in those centres provided some insights into the problem. Increasingly, the individual in need of assistance is relatively young - early teens to late 30's. There is usually a long history of poly-drug use and cross-addictions to two or three of the common substances - alcohol, cannabis, hallucinogens, cocaine or heroin.

Frequently, the substance abuse problem is linked to other anti-social behaviours such as criminal activity, family violence, sexual abuse and prostitution. On the other hand, those with addiction problems come from a wide range of social, economic and family backgrounds. They vary significantly in levels of formal education.

What characteristics should an effective treatment program have?

Successful treatment and rehabilitation should be based on the physical and psychological needs of the individual. What is effective for one individual may not work for another.

There are several essential components to effective treatment programs. These include psychological services, vocational counselling, stress management programs, and fitness counselling, recreational therapy, services to improve communication, and a spiritual component. Most people requiring treatment need a set of values or principles to bring meaning to their lives.

When treatment programs are targetted to particular populations, they can be strengthened by reflecting community and cultural values. The view that such programs are best presented by members of the particular community has been presented in a compelling manner by representatives of native people and by other cultural and ethnic groups. In addition, the use of reformed addicts as counsellors has proven effective in some programs.

It should also be recognized that the drug problem is very often symptomatic of a larger, family problem. Thus, we must have the capability of treating the family as well as the abuser, when appropriate.

Treatment should have several different stages

including detoxification, assessment, referral, program, re-integration into the community, and relapse prevention. All too often, there is insufficient emphasis on providing individuals with the services and support required to re-enter the community, pick up the threads of their life, and avoid relapse.

It must be recognized that just as addiction varies in intensity and in length, so too should the support mechanisms. Some have warm, secure and supportive families to assist them. Others have no family at all. Some are in full time attendance at school or gainfully employed. Others are not.

As a result of the variations in background, circumstances, ages and needs of those requiring treatment, there is no one "right" program. Many people can be treated through intervention and counselling while they remain within their families and continue their education or employment. Such approaches are obviously the most desirable for two reasons. They are least costly and, just as important, they are least intrusive into the individual's lifestyle, resulting in relatively minor disruption, and avoiding the very significant problem of re-entry into society after a period of isolation.

Other people can benefit from day programs which allow the person in need of assistance to return to home

and community each evening. Such programs are relatively cost-effective and again offer the advantage of avoiding a complete disruption of one's lifestyle, and minimize the problem of re-entry and re-integration into the community.

A relatively small number of those requiring treatment will need residential treatment which may vary in length from 4 - 5 weeks to several months. Such programs are obviously more costly and carry with them a need for more attention to re-entry and re-integration, relapse prevention and support services. But for some, they are the only answer, the only alternative to continuing a lifestyle of despair, without meaning and without hope.

The need in Ontario, then, is for a wide range of comprehensive intervention, counselling, and treatment programs available to all residents of this province regardless of their age or their geographical location within the province. Such a network does not exist at the present time. Although there are some excellent programs in place, they are not available in all areas nor are they available to all age groups.

The fact that 918 Ontarians were treated outside the province in 1987 for drug-related medical conditions, at a cost to OHIP of over $4 million, attests to that. Such out-of-province programs are costly to Ontario taxpayers,

but even more important, the lack of available follow-up, support services, and relapse prevention components associated with most of them, makes their effectiveness questionable. As a result, I strongly advocate:

XXI. **That the Ministry of Health through local District Health Councils give a high priority to a review of existing programs and services related to treatment in each area of the province, and develop a long term plan to ensure the availability of a full range of comprehensive intervention, counselling and treatment programs accessible to all residents of Ontario.**

Three particular concerns became evident to the Task Force during the study. The first is the shortage of treatment programs for adolescents. An adult in addiction loses a great deal. He loses his way, his security, his integrity. But a young person in addiction loses much more. He loses his possibilities and his potential! There is an immediate need for attention to a very significant gap in our present programs and I strongly urge:

XXII. **That the Ministries of Health, and Community and Social Services give a high priority to a co-operative effort to establish additional programs and services for adolescents and teen-agers in Ontario at the earliest possible moment.**

A second concern is the shortage of programs and services in Northern Ontario. Visits by the Task Force to Thunder Bay, Sault Ste. Marie, and Fort Frances, and conversations with representatives of other Northern areas identified a shortage of treatment throughout the North. The vast distances between communities further complicates the problem. As a result, I advocate:

XXIII. **That the Ministry of Health give particular attention to the needs of Northern Ontario in their review of programs and services related to intervention, counselling and treatment and to the development and implementation of appropriate programs and services in all remote and isolated areas of Ontario.**

Finally, there is a great need for the development and implementation of program evaluation throughout the intervention and treatment field. The costs of providing the kinds of treatment that are needed are extremely high. Having acknowledged that, it must also be stated that the costs of not providing the service are even higher. The costs of law enforcement, of long term health care, of lost productivity, and of repeated incarceration in our penal institutions are already enormous, and are likely to increase if we fail to change the direction of the lives of those requiring assistance. However, our treatment dollars must be spent wisely, and

service provided in the most cost-effective way possible. There is a great need for sound appraisal programs based on clearly identified criteria and objective assessment to be developed and implemented with scientific rigour. There must be increased accountability in the treatment field. It is recommended:

XXIV. **That the Addiction Research Foundation play a lead role in clinical research and the development of appropriate evaluation models, and in addition,**

XXV. **That the Ministries of Health, and Community and Social Services require an evaluation component in all programs of intervention, counselling and treatment which receive provincial funding.**

There is one program which contains elements of education, prevention and intervention, and counselling. Employee Assistance Programs have, in the view of the Task Force, a great potential in the fight against illegal drug use. When developed co-operatively between management and the work force, they can provide effective intervention and counselling approaches to a variety of individual and family social problems which create pressure, place stress on employees, contribute to absenteeism, and reduce productivity. Substance abuse generally and illegal drug use specifically are two such problems. Perhaps even more important is the educational

possibility. The difficulty in reaching parents and the community-at-large with appropriate information related to illicit drug use has previously been identified. Informational sessions for workers through EAPs provide one more avenue which would benefit workers, their families, and employers. With this in mind, it is recommended:

XXVI. That business and industry be encouraged, in co-operation with their employees, to develop and implement Employee Assistance Programs, and that the Government of Ontario take a leadership role by implementing such programs in all government ministries and agencies.

Addiction is a steady, downward slope of compulsive use, personal degradation, costly anti-social lifestyle, and criminal behaviour. Treatment can intervene and prevent needless suffering and crime. It can lead to recovery and a return to a productive and satisfying life.

V. GENERAL RECOMMENDATIONS AND CONCLUSIONS

This report has provided recommendations in the area of prevention and education, intervention and treatment, and law enforcement. There remain some general concerns, which in the view of the Task Force, should be addressed.

During the past few weeks, the Task Force has sought opportunities to discuss training and preparation programs for a wide-range of occupations related to health care, education, recreation, social work and law enforcement. There is a constellation of health and social life style issues - one of which is substance abuse - with which front line workers in the helping and caring fields must be prepared to deal. A feature of their professional preparation must equip them to play their roles and internalize healthy public policies. It is recommended:

XXVII. **That initial training and preparation programs for professionals and front line workers in the fields of health care, education, social work, recreation and law enforcement be reviewed by the appropriate professional organizations, educational institutions and training centres to ensure appropriate education and preparation related to illegal drug use.**

The Addiction Research Foundation has provided almost 40 years of service to the people of Ontario, and indeed to the people of the world, in the field of addiction research. It has been recognized as a world leader in that area. As a result of on-going funding from the province over the years, it has become pre-eminent in the area of continuing research and education on alcohol. Its record of achievements and contributions are lengthy.

At the same time, there exist some current needs which must be met. The need for the development of evaluation programs to ensure accountability in treatment is one. The need for leadership in the area of training and educating a wide range of front line workers is another.

Recently the Government of Canada has announced plans for a Canadian Centre on Substance Abuse. At a time when governments at all levels are having to carefully examine expenditures, and when there is too little money to provide all of the services which are needed, it is vital that duplication be avoided and that needed programs and services be provided in the most cost-effective way. The mandate of the Addiction Research Foundation has been subject to periodic revisions over the years and these services have resulted in ARF being able to take new direction and respond to new needs as required. It is the view of the Task Force that this is an appropriate time for such a study and it is recommended:

XXVIII. That the mandate and operation of the Addiction Research Foundation be reviewed to ensure its ability to respond to emerging needs in the field of research and education in substance abuse in the most cost-effective way.

Although some of the initiatives recommended in this report will require the spending of "new" dollars in the areas of education, treatment and law enforcement, it is the view of the Task Force that every effort should be made to provide badly needed programs and services in the most cost-effective manner. At present, there exists a myriad of organizations and agencies which are involved directly or indirectly in programs and services related to health and social issues, substance abuse, public information and education. Many sectors of the community have already responded or indicated an interest in responding to the problem of illegal drug use. It is vital that available resources be fully utilized and that every attempt be made to ensure that monies being spent currently, are used in the most effective way.

Wherever possible, new programs and services should be implemented through existing agencies to minimize administrative costs. Co-operative efforts between government, business and labour should be encouraged. Government ministries and agencies should rationalize existing organizational structures, programs and services to avoid duplication and overlap.

The involvement of service clubs and volunteer organizations should be sought and valued. It is the view of the Task Force that there exist some very real needs and gaps in service because of a lack of a co-ordinated and focused approach. It is also the view of

the Task Force that the provincial government must play the lead role and it is recommended:

XXIX. **That a provincial government co-ordinating body be clearly identified to provide co-ordination and focus, ensure co-operative approaches among government ministries and between government and other sectors, and provide visible leadership related to the problem of illegal drug use.**

On a recent evening in early October, the Task Force observed, first hand, an undercover joint forces operation of the Metropolitan Toronto Police Force and the OPP. We watched from a darkened surveillance post, teen-age traffickers completing transactions involving cannabis, cocaine and "crack". They sold to both undercover agents and "legitimate" purchasers who drove into the public housing development in which we were located. We watched as police personnel used binoculars, radios, cars, and an electronically-equipped control van in an attempt to identify the traffickers and record the details of the transaction in order to initiate prosecution. We shared the frustration they experienced as 10 and 11 year old "spotters" and "runners" ran interference for the traffickers. Later as we walked through the development, the plain-clothes officers who work the area regularly, identified young men who had served numerous 60 to 90 day sentences for trafficking - just part of the "cost" of doing business.

This experience confirmed several views and perceptions which we had formed during the study. The problem is indeed a serious one. Teen-agers and children are directly involved in the distribution network. Cocaine and "crack" are readily available on the street. The illegal drug business and the environment in which it flourishes are ugly blemishes on the face of Ontario!

But that face has other features. It has pockets of excellence in terms of education and treatment. It has capable, committed, and caring law enforcement officers, educators, health care, and social work professionals. It has countless concerned citizens, eager and anxious to become involved, to assist in the struggle.

Indifference to the problem is not acceptable. We are not so helpless or unimaginative that we cannot devise appropriate solutions. And now is the time to act!

TASK FORCE ON THE USE OF ILLEGAL DRUGS:

TERMS OF REFERENCE

1) To examine in detail the report of the Coroner's jury of the inquest into the death of Benji Hayward of Toronto,

2) To review the range of governmental and non-governmental programs and activities related to the prevention and treatment of illegal drug use,

3) To review the law enforcement and criminal justice systems as they relate to the use of illegal drugs in Ontario,

4) To consult with experts and community representatives from the health, recreation, education, social, and justice sectors of Ontario and other jurisdictions,

5) To prepare recommendations for further action for the Premier by October 14, 1988 in the areas of prevention, education, law enforcement, and treatment.

August 16, 1988

TASK FORCE ON THE USE OF ILLEGAL DRUGS

LIST OF RECOMMENDATIONS

I. That the Ministry of Education review the recently announced mandatory health education program to be implemented in Grades Kindergarten to Grade 10 by September 1, 1989, to ensure that such programs provide a comprehensive approach which focuses on the development of healthy life-style practices.

II. That age-appropriate drug education be an essential component of health education courses beginning in the primary division.

III. That the Ministry of Education seek the co-operation of Faculties of Education in developing and implementing additional qualification courses in Healthy Living Education with a significant drug education component, and that such courses be offered throughout the province beginning in July, 1989.

IV. That the Ministry of Education in consultation with school boards, teacher federations and other interested agencies, review possible options which would provide for continuing effective drug education to be implemented in all Ontario secondary schools no later than September, 1990.

V. That the Minister of Education require all Boards of Education in Ontario to develop and implement comprehensive drug education policies and programs dealing with core curriculum, intervention and counselling, and school discipline no later than September, 1991.

VI. That the Ministry of Education provide boards of education with appropriate financial support to assist with program development and in-service training related to the development and implementation of comprehensive drug education programs over the next three years.

VII. That the Ministry of Health, through District Health Councils in co-operation with Social Planning Councils, and Addiction Research Foundation staff, where available, initiate the formation of broadly-based Community Action Groups to plan and implement programs of parent education and public awareness related to the integration of non-use of illegal drugs into healthy lifestyle practices.

VIII. That the Ministry of the Solicitor General encourage and support the use of joint forces operations and task forces in its efforts to reduce the supply of illicit drugs in Ontario including, where necessary, the acquisition of specialized equipment and unique enforcement facilities, and additional special funding.

IX. That additional funding be provided to the OPP to increase the complement of the Drug Enforcement Section by 32 members and 4 support staff. To effectively utilize the additional complement, the Drug Enforcement Section will also require funding for direct operational expenses.

X. That the OPP review the feasibility of funding to increase their civilian complement with employees who have special skills in language and technological backgrounds, to further support the drug enforcement section.

XI. That the committee of officials in the Ministry of the Attorney General presently examining the issue of the delays in the criminal courts be given sufficient resources to quickly and thoroughly study the management of caseflow, and the adequacy of current facilities in accordance with the findings of the Zuber Report on improved delivery of criminal court services.

XII. That federal and provincial justice officials pursue discussions with a view to achieving an agreement enabling Ontario Crown Attorneys to assume prosecution of offences under the Food and Drugs Act and the Narcotic Control Act.

I recommend further that the use of part-time or per-diem prosecutors be eliminated wherever possible, particularly in relation to serious

Narcotic Control Act and Food and Drugs Act prosecutions.

XIII. That federal and provincial justice officials pursue discussions aimed at removing any impediments to the effective implementation of seizure-of-proceeds legislation.

XIV. That federal and provincial justice officials pursue an amendment to the Criminal Code to create a specific offence of counselling, aiding, or abetting a youth to commit any offence under the Narcotic Control Act, Food and Drugs Act, Criminal Code, or certain provincial regulatory statutes. Such an offence should carry a greater penalty than a similar offence committees by an adult in relation to another adult.

XV. That the Attorney General discuss with his federal counterpart, the possible amendment of the privacy provisions of the Young Offenders Act to permit discussions of a young offender's case with persons directly in his or her education, support, or treatment.

XVI. Where there has been evidence of illicit drug use at the trial and conviction of an inmate, incarceration should include drug education and treatment within an environment free of illegal drugs.

XVII. That steps be taken to achieve appropriate legislative changes enabling a court to impose "alternative measures" upon a young person found to have been involved with drugs.

XVIII. That research information concerning criminal activity and drug abuse be consolidated by the Ministry of the Solicitor General in a manner and at a place that permits ready and quick presentation to the Court.

XIX. That the Solicitor General introduce an amendment to the Private Investigators and Security Guards Act requiring part-time security guards employed to provide security at large public gatherings be licenced under that Act and properly instructed in the law by the employing agency or individual.

I further recommend that a multi-disciplinary crisis intervention team be in attendance, at the expense of the concert promoter, at all rock concerts or similar large public gatherings to assist in situations of medical or other emergency.

XX. That adequate resources be made available to police forces to provide special protection as required in our schools and schoolyards, in our recreational centres, and in our public housing projects.

XXI. That the Ministry of Health, through local District Health Councils, give a high priority to a review of existing programs and services related to treatment in each area of the province, and develop a long term plan to ensure the availability of a full range of comprehensive intervention, counselling, and treatment programs accesible to all residents of Ontario.

XXII. That the Ministries of Health and Community and Social Services give a high priority to a co-operative effort to establish additional programs and services for adolescents and teen-agers in Ontario at the earliest possible moment.

XXIII. That the Ministry of Health give particular attention to the needs of Northern Ontario in their review of programs and services related to intervention, counselling, and treatment, and to the development and implementation of appropriate programs and services in all remote and isolated areas of Ontario.

XXIV. That the Addiction Research Foundation play a lead role in clinical research and the development of appropriate evaluation models and, in addition,

XXV. That the Ministries of Health and Community and Social Services require an evaluation component in all programs of intervention, counselling, and treatment which require provincial funding.

XXVI. That business and industry be encouraged, in co-operation with their employees, to develop and implement Employee Assistance Programs, and that the Government of Ontario take a leadership role by implementing such programs in all government ministries and agencies.

XXVII. That initial training and preparation programs for professional and front line workers in the fields of health care, education, social work, recreation, and law enforcement be reviewed by the appropriate professional organizations, educational institutions, and training centres to ensure appropriate education and preparation related to illegal drug use.

XXVIII. That the mandate and operation of the Addiction Research Foundation be reviewed to ensure its ability to respond to emerging needs in the field of research and education in substance abuse in the most cost-effective way.

XXIX. That a provincial government co-ordinating body be clearly identified to provide co-ordination and focus, encourage co-operative approaches among government ministries and between government and other sectors, and provide visible leadership related to the problem of illegal drug use.

APPENDIX 1

The Task Force met with representatives of the following ministries:

Ontario Ministry of the Attorney General

Ontario Ministry of Colleges and Universities

Ontario Ministry of Community and Social Services

Ontario Ministry of Correctional Services

Ontario Ministry of Education

Ontario Ministry of Health

Ontario Ministry of Housing

Ontario Ministry of the Solicitor General

Ontario Ministry of Tourism and Recreation

Health and Welfare - Canada

Department of Justice - Canada

APPENDIX 2

The Task Force received submissions from or met with the following individuals, groups, and agencies:

(In most instances when the Task Force met with an organization or an agency, many persons from the presenting group were in attendance. The following list includes only one contact person from each group. We trust the persons whose names are not included will understand the omission.)

Ms. Sandra Algie

Mr. Raj Anand
Chief Commissioner
Ontario Human Rights Commission

Professor Peter Appleton
Coalition for a Drug Free Canada

Ms. Francine Arsenault / Ms. Susan Forster
People United for Self Help (PUSH)

Mr. John Bates
People to Reduce Impaired Driving Everywhere (PRIDE)

Mr. Peter Baxter
Executive Assistant
Ontario Federation of School Athletic Associations (OFSAA)

Mr. Jason Bionda
Club Soda

Ms. Joan Bissell
Office of Teacher Education
Project Pact
University of California

Mr. Doug Bonnell
The Portage Program for Drug Dependencies

Mr. Ray Brian
Area 3 Principals' Association

Mr. Tony Bryant

Mr. Karl Burden
Executive Director
Alcohol and Drug Concerns

Mr. Fred Burford
President
Council on Drug Abuse

Mr. Warren Campbell
President
The Canadian Association for Health, Physical Education and Recreation (CAPHER)

Ms. Franca Carella
Vita Nova Foundation

Mr. Walter Cebrynsky
Toronto Board of Education

Dr. Dianne Common
Dean of Professional Studies
Lakehead University

Sheila Copps, M.P.

Calvin Cormack
Project Star

Mr. Robert Couchman
Executive Director
Project 70
Family Service Association of Metropolitan Toronto

Ms. Annette Diamond

Mr. J.J. Douglas
Assistant Crown Attorney

Mr. James Dubray
Family & Children's Services
Thunder Bay, Ontario

Dean Andrew Effret
Faculty of Education
York University

Mr. Arthur Fogel
Concert Productions International
BCL Entertainment Corporation

Mr. Abram N. Friesen
Director
Addiction Research Foundation

Ms. Joan Gale-Ewen

Ms. Diane Gallant

Mr. R.J. Gildersleeve
U.S. Attorney's Office
Northern District of New York

Mr. Pat Gillick
Toronto Blue Jays

Ms. Gloria Giroux / Ms. Stephanie Giroux

Mr. Thomas Gleaton
Parents' Resource Institute for Drug Education (PRIDE)

Mr. Paul Godfrey
Publisher
Toronto Sun

Mr. J. Arthur Guest
3 C's Reintroduction Centre
Thunder Bay, Ontario

Ms. Muriel Hall

Mr. and Mrs. G. Hayward

Ms. Janice Hewson
Family & Children's Services
District of Thunder Bay

Mr. Peter Hoag,
Young Offenders Services

Mr. Dave Howard
Heavenbound Ministries

The Honourable W.G.C. Howland
Chief Justice of Ontario

Mr. Fred Jackson
Georgian Bay Friendship Centre

Mr. Oliver Killeen

Professor Alan King
Queen's University

Ms. Marilyn Knox
Executive Co-ordinator
Premier's Health Council

Ms. Edith Land
Christian - Jewish Dialogue

Mr. Rick Lockyer
Toc Alpha

Dr. Norman F. Lavoie
Sports Medicine Clinic
Lakehead University

The Honourable P.J. Lesage
Associate Chief Justice
District Court of Ontario

Mr. Norman B. Lewsey
Smith Alcohol and Drug Dependency Clinic
St. Joseph's General Hospital
Thunder Bay, Ontario

The Honourable W.D. Lyon
Chief Judge
District Court of Ontario

Mr. Robert Main
Teskey, Heacock, Ferguson & Main

Dr. Joan Marshman
President
Addiction Research Foundation

Mr. Clair Marchand

Mr. and Mrs. McCulloch
Toughlove International

Mrs. Gail McDermid

Dr. Michael McGuigan
Substance Abuse Service
The Hospital for Sick Children
Toronto, Ontario

Dr. Rod McLeod
Dean of Education
Lakehead University

Mr. Ken Moffatt
Addiction Research Foundation
Thunder Bay & District Centre

Mr. Peter Moore
Canadian National Exhibition
The Board of Governors

Mr. Jerry Morse

Ms. Marie Murphy
Lifeline Foundation
United Steelworkers of America

Mr. Dick O'Brien

Mr. Michael Parkes
Director
Drug Awareness Program
Carleton University

Mr. Steve Pracht
Golden Key National Honor Society
Atlanta, Georgia

Ms. Sharon Pudas
Regional Family Centre
Teen Centre
Thunder Bay, Ontario

Mr. Dick Poirier
Canadian Auto Workers
Local 200
Windsor, Ontario

Mr. Bob Pugh
Executive Director
Canadian Interuniversity Athletic Union (CIAU)

Mr. Gene Quinn
Co-ordinator
Employee Assistance Services
Group Health Centre

Reverend John Reynolds
Minister
Kingscourt United Church

General Robinson Risnel
Texas War on Drugs
Austin, Texas

Mr. Neil Rutton
Stonehenge Therapeutic Community

Ms. Mary Sampson
Field Worker
Department of Social Work
King's College
University of Western Ontario

Mr. Robert Simpson
Wellington Dufferin District Health Council

Mr. Jack Sinclair
Thunder Bay Boys and Girls Club

Dr. Allen Skemon
Acting Dean
Faculty of Education
University of Western Ontario

Associate Dean Laverne Smith
Faculty of Education
York University

Mr. Don Smythe

Mr. W. C. Soubliere

Mr. Edward Sugden

Ms. Judy Tetlow
Kingston Region Council on Drugs and Alcohol

Mr. Donald Thebilcock
Hamilton Wentworth Children's Aid Society

Ms. Joyce Trimmer
Controller
City of Scarborough

Mr. Fred Upshaw
Ontario Public Service Employees Union

Ms. Joanne Walker
Project Manager
Lions Quest Canada

Mr. L.A. Ward

Ms. Sheila Weinstock
Executive Director
Ontario Association of Children's Mental Health Centres

Mr. Paul Welsh
The Rideauwood Institute
Ottawa, Ontario

Mr. Terry Westley
Wardair International Ltd.

Dr. Wilson
Royal Ottawa Hospital

Mr. Robert White

Mr. Ken Woods
Vice Principal
Midland Secondary School

Ontario Federation of Labour

Ontario Teachers' Federation
- Federation of Women Teachers' Association of Ontario
- Ontario English Catholic Teachers' Association
- Ontario Public School Teachers' Federation
- Ontario Secondary School Teacher's Federation
- L'Association des enseigantes/enseigants franco ontarian

Members of the Coroner's Jury: Benjamin Hayward Inquest

James Deasy
Waldo Horning
Greta Kristiansen
Janet MacKund
Anne Maule

APPENDIX 3

The Task Force met with the following law enforcement agencies:

Ontario Provincial Police:
- Drug Enforcement Section Units
  - London
  - Windsor
  - Thunder Bay
- #14 District Headquarters - Sault Ste. Marie
- #16 District Headquarters - Thunder Bay
- #17 District Headquarters - Kenora
- Toronto Headquarters
- Midland Detachment
- Emo Detachment
- Coborg Detachment

Royal Canadian Mounted Police:
- Ottawa Headquarters
- "O" Division Headquarters - Toronto
- Sault Ste. Marie Subdivision
- Sudbury Detachment
- Thunder Bay Detachment
- Fort Frances Detachment
- Windsor Detachment

Metropolitan Toronto Police Force:
- Central Drug Unit
- Morality Squad Drug Unit
- #1 District Drug Unit
- #3 District Drug Unit

Hamilton Wentworth Police Force

Paris Police Force

Windsor Police Force

Midland Police Force

Thunder Bay Police Force

Sault Ste. Marie Police Force

Ottawa Police Force

Fort Frances Police Force

Surete Du Quebec - Montreal

Federal Bureau of Investigation - Detroit, Michigan

Drug Enforcement Administration - Detroit, Michigan

United States Custom Service:
United States Embassy - Ottawa
Detroit, Michigan
Baudette, Minnesota

Michigan State Police - Livonia, Michigan

New York State Police - Albany, New York

International Falls Police Department - International Falls, Minnesota

United States Attorney for Northern New York
Albany, New York

Revenue Canada, Customs and Excise
Ottawa
Windsor
Fort Frances

Canada Immigration - Fort Frances

Bureau of Dangerous Drugs

APPENDIX 4

Resource Materials Studied

Alcohol and Drug Policies A Guide for School Boards. Addiction Research Foundation. 1988.

Alcohol and Other Drug Use Among Ontario Adults 1977 - 1987. Addiction Research Foundation. 1987.

APPLAUSE A Presenter's Guide to Parent Education about Alcohol and Other Drugs. Addiction Research Foundation. 1988.

DARE, Drug Abuse Resistance Education. Hanley, Sgt. Joseph. 1983.

Dealing with Drugs. Pacific Research Institute for Public Policy. 1987.

Drug Education Resources Directory. Steep, Barbara. Addiction Research Foundation. October, 1987.

FBI Drug Report. U.S. Department of Justice. Federal Bureau of Investigation.

Illicit Drugs in Canada A Risky Business. Blackwell, Judith C., Brock University, Erickson, Patricia G., Addiction Research Foundation. 1988.

Inventory of Drug Prevention and Treatment Programs. Smyth, Don K.D. Ministry of the Solicitor General of Canada. May, 1987.

The Legal Rights, Powers, and Obligations of Educators Regarding Student Alcohol and Drug Use. Addiction Research Foundation. 1988.

National Drug Intelligence Estimate 1986/87. Royal Canadian Mounted Police. 1987.

Once is Too Much..... Kirk, David. 1988. A proposal in public affairs style video documentary.

Operation Pipeline. Ontario Provincial Police.

Prince Edward Island Allied Youth Peer Education Program on Marijuana. Smith, Philip. Community Health Services. September, 1983.

Reducing Crime by Reducing Drug Abuse A Manual for Police Chiefs and Sheriffs. International Association of Chiefs of Police. June, 1988.

Report of the Task Force on Alcohol and Drug Abuse in the Workplace. British Columbia. 1987

Skills for Adolescence. A Joint Program of Lions Clubs International and Quest International. 1988.

Treatment Services for Alcohol and Drug Abuse in Ontario: Results of a Provincial Survey, 1986. Rush, Brian. Ekdahl, Ardith. Addiction Research Foundation. 1987.

Treatment Services of the Clinical Institute. Addiction Research Foundation. 1987.

The White House Conference for a Drug Free America. Herrington, Lois Haight. Chairman. Library of Congress Cataloging in Publication Data. June, 1988.

Your Teen and Drugs. Panzica, Norman. 1983.